

Parental Power of Attorney Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Parent/Guardian's Full Name], residing at [Address], hereby grant power of attorney to [Agent's Full Name], residing at [Agent's Address], concerning my minor child, [Child's Full Name], born on [Child's Date of Birth].

This authorization allows the agent to make decisions regarding [specific areas of authority, e.g., healthcare, education, travel] on behalf of my child during my absence.

This power of attorney is effective from [Start Date] until [End Date or specify 'until revoked in writing'].

Signature: _____

[Parent/Guardian's Full Name]

[Contact Information]

Witness Signature: _____

Witness Name: [Witness Full Name]

Witness Address: [Witness Address]